ARIZON	A STATE BOARD OF HEALTH	State File No
S	STANDARD CERTIFICATE OF BIRTH	Registered No
County Lila	siale ettingan	4
District or Township Many	<i>v</i>	
city Miami No. (II b	Sol Sullman irth occurred in a hospital or institution, give it aftamena fr:	If child is not yet named make "
in event of plural	win, triplet or other	
8. FATHER	14.	MOTHER
Full name Branciscoffor	rece Full maiden name Mrd	na Apodaca
9. Residence (Usual place of abode) May	15. Residence (Usual place of abo	dos mampefreson
If non-resident, give place and state.	More If non-resident, give plan	ee and state.
10. Color or race	16. Color or race	$\gamma = \pm i / N$
Anguage 11. Age at last ble	thdax 3. (Years) mexican 1	7. Age at last blithday 25 (Years)
12. Hirthplace (city or place). Samp. (State or country) A ow mex	18. Birthplace (city or p	hipuahua, menco
13. Occupation	19. Occupation	
Nature of Industry Miner	Nature of Industry	Farsewife
20. Number of children of this mother	(b) Born allve but now dead	thalmla neonatorum1
	TE OF ATTENDING PHYSICIAN OR MIDWIFE	
I hereby certify that I attended the birth of this		
When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.	Signature	(Physician or midwife.)
Given name added from a supplement! report	Address M	7-3-4-1
Month, day, 'ye	Sun 42. 87	C & James
Registrar		Registrar.
696-126-h	III maa	a (arts midny